

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

POWER OF ATTORNEY

Docket No.

8001.005

Name of Applicant: **Mikhail Zaidman**
Address of Applicant: **3029 Brighton 12 Street, Apt. C7**
Brooklyn, NY 11235

Title: **Compact Smoking Oven With A Rotatable Food Support**

Serial No., if Any: **09/217,469**
Filed: **December 21, 1998**

TO THE ASSISTANT COMMISSIONER FOR PATENTS

The Assistant Commissioner for Patents
Washington, D.C. 20231

Honorable Sir:
I hereby appoint:

Anna A. Vishev (Reg. No. 45,018)
Peter L. Berger (Reg. No. 24,570)
Andrew S. Langsam (Reg. No. 28,556)
Morris E. Cohen (Reg. No. 39,947)
Barry E. Negrin (Reg. No. 37,407)
Marilyn Neiman (Reg. No. 44,966)

as principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please direct all future correspondence to:

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By:



Dated: 4/7/00

AIRE

PTO/SB/56 (12-97)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

8001.005

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A)	Total Claims (37CFR 1.16(j))	(B)	**** =	x\$	=	or	x\$	=
(C)	Independent Claims (37CFR 1.16(i))	(D)	* =	x\$	=		x\$	=
Basic Fee (37CFR 1.16(h))				\$			\$	
Total Filing Fee				\$		OR	\$	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee	Rate	Fee	
Total Claims (37CFR 1.16(j))	*** 25	MINUS	** 25	* = 0	x\$	=	or	x\$	=
Independent Claims (37CFR 1.16(i))	*** 12	MINUS	**** 9	= 3	x\$	= 39		x\$	= 117
Total Additional Fee				\$	117	OR	\$		

*If the entry in (D) is less than the entry in (C), write "0" in column 3.

**If the "Highest Number of Total Claims Previously Paid For" is less than 20, write "20" in this space.

***After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

*****"Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☒ Please charge Deposit Account No. 02-2105 in the amount of \$117.00.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-2105.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ to cover the filing/additional fee is enclosed.

04.07.2000
Date

Anna Vishev
Signature of Applicant, Attorney or Agent of Record

Anna Vishev

Typed or printed name

04/10/00
Jc714 U.S. PTO